U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2005

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing.  4. Name, file number, and address of labor organization.  Name David E. Hiatt Name United Trans Portation Union  Labor Organization File Number 000-314.  P.O. Box, Bldg., Room No., if any P.O. Box, Building and Room Number, if any  Street 482 Capital Qua N.E. Street 14600 Detait Que  City Battle Creek City Cleveland	:	
3. Name and address of person filing.  Name David E. Hiaff	1. File Number U - 25636	2. Fiscal Year Covered From:
Name Day; D E Haft   Name United Trans Portifical Union   Labor Organization File Number 000-314  P.O. Box, Bidg, Room No., if any   P.O. Box, Building and Room Number, if any   Street   482 Ceptal Que N.E.   Street   14600 Detoit Que   City Bathe Creek   City Cleveland   State   OH   ZIP Code +4   4407-42  5. Position in labor organization   Concern Chairman of G0377  Enter appropriate data below if, during the past fliscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including losns) with, or derived income or other conomic benefit of monetary value from an employer whose employees your organization represents or is actively specking to represent.  6. Name and address of Employer (including trade name, if any).  Name   7.a. Nature of Interest, Transaction, or Income.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  7.c.		11/11/2005 Through: 12/31/2005
Lebor Organization File Number 000-314  P.O. Box, Bidg., Room No., if any  Street 482 Cap. Fat Aua N.E. Street 14600 Detroit Questions  Street 1480 Cap. Fat Aua N.E. Street 14600 Detroit Questions  State MI 2IP Code + 4 45017 State OH 2IP Code + 4 44407-42  State MI 2IP Code + 4 44407-42  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name Trade Name, if any:  P.O. Box, Bidg., Room No., if any  7.b. Amount.  Street 14600 Detroit Question of Code 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	3. Name and address of person filing.	Name, file number, and address of labor organization.
Street 182 Cap fal Qua N.E. Street 114600 Detait Qua  City Battle Creek  State MI 2IP Code + 4 14007 State OH 2IP Code + 4 14407-42  5. Position in labor organization.  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived mome or other economic benefit of monerary value from an employer whose employees your organization represents or its a city of seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name    Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street   114600 Detait Qua  Zip Code + 4   44107-42  State   2IP Code + 4   44107-42  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  The Name    15. Signature and verification. The undersigned declares, under penalty of Petiury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned sknowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name David E. Hiatt	Name United Transportation Union
Street 1482 Capital Qua N.E. Street 14600 Detait Qua  City Battle Creek  State MI 21P Code+4 49017 State OH 21P Code+4 44407-42  5. Position in labor organization.  General Chairman of G0377  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, If any).  7. a. Nature of Interest, Transaction, or income.  7. b. Amount.  Sireet  City  State  21P Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned Survoyledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Advanced to the following the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned Survoyledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		Labor Organization File Number 000−314:
City Cleveland  State MI ZIP Code + 4 19017 State OH ZIP Code + 4 19017 State OH ZIP Code + 4 19017-12  5. Position in labor organization.  Chairman of G0317  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other comornic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7. a. Nature of Interest, Transaction, or Income.  7. b. Amount.  Street City  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Abush Abush Complete State Complete State State Complete	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
State MI ZIP Code + 4 4 9017 State OH ZIP Code + 4 44107-42  5. Position in labor organization.  Concral Chairman of G0377  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7. a. Nature of Interest, Transaction, or income.  7. b. Amount.  Street  City  State  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Street 482 Capital Que N.E.	Street 14600 Detroit Que
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Date Telephone Number	Signed Navel Hutt	on 5/12/06 269-964-8451
·		Date Telephone Number

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	<b></b>
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	r -1
Street	: c. Employer
City .	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
g have to the entry to the manufacture and the chance of the control of the contr	THE THE THE PROPERTY OF THE PR
Name:	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street ;	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
	1
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.  15 66000 — meals
Name Harryton, Thompson, Acker Etarrington LID	* 250 Christmas gift
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any 3°D Floor	
Street 180 N. Wacker Drive	
City Chicago	, in the second
State ZIP Code + 4 6 0606	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.